

TCCN COVID-19 FAQs for Outpatient Practice (03-18-20)

What are the triage questions I should be asking my patients on the phone first and then in the office?

1. Has your child experienced any cough, fever, shortness of breath in the past 48 hours?
2. Has your child been out of the country or had contact with a person who has traveled outside of the country in the past 14 days?
3. Has your child been in close contact with anyone who has tested positive, is waiting for results of testing or as been quarantined for COVID-19?

If the answer is positive to Question 1 only:

- **IF on the phone**, assess whether they can be managed at home, need to come in, or need an ED.

- **IF in your office**, isolate patient and family immediately and use appropriate PPE.

If the answer is positive for Close Contact only, or positive for 2 or more questions:

- **IF on the phone**, assess whether they can be managed at home or need an ED.

- **IF in your office**, isolate patient and family immediately and use appropriate PPE.
 - If the child is not ill, then the management will be social distancing and observation at home, so testing is not clinically necessary.

- You can also contact the Georgia Department of Public Health at 1-866-PUB-HLTH (1-866-782-4584) and request to speak to the medical epidemiologist on call.
- You may also call the Children's Transfer Center 404-785-7778 and ask to speak to the Infectious Disease physician on call.
- **If your patient is ill and require hospitalization**, please do not send patients to Emergency or Urgent care *without* contacting the **Children's Transfer Center 404-785-7778 and ask to speak to the Infectious Disease physician on call.**
- Remind your families to engage in *social distancing* to reduce transmission. Talk to both your well and sick families about minimizing their activities.

I have PPE equipment, am I ok seeing patients?

- **Per Children's Healthcare of Atlanta: Only essential healthcare personnel should enter the room of a patient on respiratory isolation precautions. Note:** nebulizer treatments and nasopharyngeal swabbing are not considered to be aerosol-generating.
- **PPE for Patients with Respiratory Symptoms:** Perform hand hygiene before and after patient contact. Wear a **procedure mask**, **eye protection** and **gloves**. Wear a gown if there is a possibility of contact with patient secretions.
- Some procedures could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible. If performed, the following should occur, HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown. *Per the CDC: Nebulizers often induce coughing so respiratory protection at the highest level available is important.*

What if I don't have any face protection or gowns but have gloves?

Entering a room with a patient with active or suspect exposure to COVID-19 puts you at risk of infection. A six-foot buffer is recommended to reduce transmission but is not an absolute safe distance. **Please consider alternative methods to care for patient such as virtual visits through Telehealth (see additional information [HERE](#) and [Telemedicine Playbook](#)).**

Should I be testing in my office?

- Routine testing is not recommended. It is also not widely available yet. *A good rule of thumb is to test only if it will change your management.*
- **Please do not send patients to Children's for routine testing. Children's is only testing those children who are ill and need hospital-based care.**
- The Department of Public Health (DPH) has begun standing up remote specimen point of collection sites (SPOCS) around the state for COVID-19. With limited test kits, they are prioritizing the following groups:
 - * Healthcare workers and other first responders who are critical for caring for our nation during this epidemic, and who frequently interact with vulnerable populations.
 - * People working with and caring for vulnerable populations, such as long-term care facility staff.
 - * People living in congregate settings where the disease can spread rapidly.

What is the risk to me and my staff?

The most recent recommendations for higher risk groups (HRG) can be found on the CDC website. HRG should consult with their own primary care physician to discuss what the best plan is for them. We understand that closing your practice for a short time can be a financial hardship, but the risks of infection may outweigh the cost of trying to recover your practice later. Moving high risk employees and providers to well visits only or non-contact activities such as Telehealth might mitigate risk.

When should I send my staff home?

It is recommended that if your staff develop fever over 100.1F (37.8C), cough, sore throat or shortness of breath, they should stay home or go home, contact their own doctor by phone, and practice social distancing.

What should I do if I get sick and can't work?

Sometimes we contract illness from our patients. If you get sick, you should contact your own physician and practice social distancing. Many of our practices have 1-3 providers, and this may put a significant strain on the practice. As a contingency, you might want to contact other practices in your area to partner on coverage, in case of emergency. In that way, your patients will still get care until you recover. Telehealth is also an option (see additional information on telehealth [HERE](#)).

Sources: CDC, AAP, CHOA